2018 Amended Illinois Withholding Income Tax Return

Important Information

- Electronically file this form on MyTax Illinois at tax.illinois.gov, OR

	Attach your completed Schedule P. p 1: Provide your informatio	n .		
	ral employer identification number (FEIN)	Seq. number	Check this box if your business name has	Reporting Period Check the quarter you are amending.
Busir	ess name		changed.	1st (January, February, March)
C/O			Check this box if you have an address	2nd (April, May, June) 3rd (July, August, September)
Mailir	ng address		change.	4th (October, November, December)
City		State ZIP		
С	If your business has permanently so no longer pay Illinois wages or with and enter the date you stopped wit returns unless you resume withhold. Check Box C if you are not subject to the Illinois So a qualified retirement savings possible for more information, see the insertion of the second se	shold Illinois taxes from ot hholding. This is consider ding Illinois income tax. S Secure Choice Savings ecure Choice Savings Pro- lan, such as a pension or structions or go to illino	ther payments, check the box red your final return. Do not file s Program Act (820 ILCS 80/), ogram Act (820 ILCS 80/) and r 401(k), to your employees.	B / / 2018 or
Ste	p 3: Tell us about the amou	•	•	Corrected amount
1	Enter the total dollar amount subject period, including payroll, compensations			1
Ste	p 4: Tell us about the amoun	t withheld and prev	ious overpayments	
2	Enter the exact amount of Illinois you paid the compensation. Only blank. If you withheld no Illinois	/ enter amounts on days	s you made withholding - lea	ave the remaining "Day" lines

2c, or 2d (noted by "♥").

2a First month of quarter (i.e., January for 1st quarter; April for 2nd quarter; July for 3rd quarter; and October for 4th quarter)

Day	Amount	Day	Amount		Day	Amount		Day	Amount	
1	·	9			17			25		
2	·	10			18			26		·
3	·	11			19			27		·
ŀ	·	12			20			28		
5	·	13		·	21			29		
S	·	14		·	22			30		
	·	15			23			31		·
3		16			24					
otal l	Illinois Income Tax	withheld	this month.	. (Add Se	ction 2a	. Lines 1-31	.)	2a		

20 5		rom Page	1, Step 4, Line 2	a.		2b	<u></u>
	Second month of o	quarter (i.e.,	February for 1st qua	arter; May for 2nd	quarter; August for	r 3rd quarter; and	November for 4th quarter)
Day	Amount	Day	Amount	Day	Amount	Day	Amount
1		9	·	17	·	25	·
2	•	10		18		26	·
			-	19			•
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	·		·				·
	I Illinois Income T						
			`		,		ecember for 4th quarter)
Day		Day	Amount	une for znd quan	Amount	Day	
-		•		•		•	Amount
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	·		·		·-		·
					·		·
7	·	15		23		31	·
8	·	16		24	<u>-</u> -		
	Lines 2b, 2c, and 2				s the total dolla	r amount of	
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